

**CITY OF DACULA ALCOHOLIC BEVERAGE  
BY THE DRINK EXCISE TAX REPORTING FORM**



MONTHLY PERIOD REPORTED \_\_\_\_\_

[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]

ACCOUNT # \_\_\_\_\_

**A. INVENTORY REPORTING**

List your inventory purchases from licensed Wholesaler for monthly period reported.

Wholesaler Name	In Liters	In Ounces
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. TOTAL VOLUME PURCHASED	_____	_____
8. BEG. INVENTORY	_____	_____
9. END. INVENTORY	_____	_____
10. LINES (7+8)-9=	_____	_____
Avg. Ounces per Drink Sold	_____	
Avg. Price per Drink Sold	_____	

**B. EXCISE TAX REPORTING**

1. City Distilled Spirits License # \_\_\_\_\_  
State Distilled Spirits License # \_\_\_\_\_  
Occupation Tax Certificate # \_\_\_\_\_  
2. Gross Alcoholic Beverage by the Drink Sales: \_\_\_\_\_  
3. Tax: 3% of Line 2: \_\_\_\_\_  
4. Less 3% of Line 3 ONLY on timely returns (those paid before the 10<sup>th</sup>): \_\_\_\_\_  
5. PENALTY – Add 10% of Line 3 (those payments received after the 20<sup>th</sup>) \_\_\_\_\_  
6. TOTAL REMITTED: \_\_\_\_\_

MAKE CHECK PAYABLE TO *CITY OF DACULA*

MAIL: CITY OF DACULA LICENSE & REVENUE  
ATTN: ALCOHOLIC BEVERAGE DIVISION  
P. O. BOX 400  
DACULA GA 30019-0007  
(770) 963-7451

ALL SECTIONS OF FORM MUST BE COMPLETED AND SIGNED!

*Remit on or before the 10<sup>th</sup> day of the month. See Section 4-238 of the City of Dacula Alcoholic Beverage Ordinance.*

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Printed Name \_\_\_\_\_

Signature of Preparer \_\_\_\_\_

Date \_\_\_\_\_

Phone Number: \_\_\_\_\_